FORM D OMB APPROVAL UNITED STATES OMB Number: 3235-0076 SECURITIES AND EXCHANGE COMMISSION Expires: May 31, 2005 Washington, D.C. 20549 RECEIVED Estimated average burden hours per response..... 16.00 FORM D NOTICE OF SALE OF SECURATIE SEC USE ONLY PURSUANT TO REGULATION Prefix Serial SECTION 4(6), AND/OR INIFORM LIMITED OFFERING EXEMPTIO DATE RECEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Series A Convertible Preferred Stock of ManDyn Acquisition Corp. Immediately following the offering that is the subject of this Form D, the Issuer merged with and into Management Dynamics Inc. ("MDI"). The information contained herein is applicable to the Issuer immediately prior to such merger and to MDI immediately following such merger, except with respect to the date and jurisdiction of incorporation. MDI was incorporated in New Jersey on December 11, 1984. Filing Under (Check box(es) that apply): □Rule 504 □Rule 505 ☑Rule 506 □Section 4(6) □ULOE Type of Filing:

✓ New Filing

Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (
check if this is an amendment and name has changed, and indicate change.) ManDyn Acquisition Corp. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) One Meadowlands Plaza, East Rutherford, NJ 07073 201-935-8588 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business: to provide transportation management solutions to carriers and shippers. Type of Business Organization ☑ corporation ☐ limited partnership already formed □ other (please specify): business trust ☐ limited partnership, to be formed Month Year Actual or Estimated Date of Incorporation or Organization: ☑ Actual □ Estimated 2 Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) DE GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address. Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549. Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures. Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee. State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will

A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
Each promoter of the issuer, if the issuer has been organized within the past five years;
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the
issuer;
Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
Each general and managing partner of partnership issuers.
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☑ Executive Officer ☑ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual) Preuninger, John W.
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Management Dynamics Inc., One Meadowlands Plaza, East Rutherford, NJ 07073
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☑ Executive Officer ☑ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual) Preuninger, James W.
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Management Dynamics Inc., One Meadowlands Plaza, East Rutherford, NJ 07073
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual) Rieger, Glenn T.
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Cross Atlantic Technology Fund II, L.P., Five Radnor Corporate Center, Suite 555, 100 Matsonford Road, Radnor, PA 19087
Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer ☑ Director □ General and/or Managing Partner
Full Name (Last name first, if individual) Robert Chefitz
Business or Residence Address (Number and Street, City, State, Zip Code) c/o NJTC Venture Fund SBIC, LP, 1001 Briggs Road, Suite 280, Mt. Laurel, NJ 08054
Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer ☑ Director □ General and/or Managing Partner
Full Name (Last name first, if individual) Matthew Lorentzon
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Megunticook Fund II, LP, 137 Newbury Street, Boston, MA 02116
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual) Cross Atlantic Technology Fund II, L.P.
Business or Residence Address (Number and Street, City, State, Zip Code) Five Radnor Corporate Center, Suite 555, 100 Matsonford Road, Radnor, PA 19087
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual) The Co-Investment 2000 Fund, L.P.
Business or Residence Address (Number and Street, City, State, Zip Code) Five Radnor Corporate Center, Suite 555, 100 Matsonford Road, Radnor, PA 19087
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual) NJTC Venture Fund SBIC, LP
Business or Residence Address (Number and Street, City, State, Zip Code) 1001 Briggs Road, Suite 280, Mt. Laurel, NJ 08054
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	A. BASIC IDENTIFICATION DATA						
2.	Enter the information requested for the following:						
•	Each promoter of the issuer, if the issuer has been organized within the past five years;						
•	Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the						
	issuer;						
•	Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and						
•	Each general and managing partner of partnership issuers.						
Ch	eck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner						
Full Name (Last name first, if individual) Megunticook Fund II, LP							
	Business or Residence Address (Number and Street, City, State, Zip Code) 137 Newbury Street, Boston, MA 02116						

B. INFORMATION ABOUT OFFERING													
										Ye	s No		
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.										Ø			
2. What is the minimum investment that will be accepted from any individual?									N/A	- M			
3. Does the offering permit joint ownership of a single unit?										s No			
. 200 the streng permanjoint ownership of a single unit.													
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states list the name of the broker or dealer. IF more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Not applicable.													
Full Name	(Last nam	e first, if i	individual)									
Business o	r Resideno	e Address	s (Number	and Stree	t, City, St	ate, Zip C	ode)						
Name of A	ssociated	Broker or	Dealer:										
States in W					ends to So	licit Purch							- 111 G
(Check "A [AL]	II States" (or check if [AZ]	ndividual : [AR]	States) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	□ All States
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	
Full Name					[OI]			[]	[", ,]	[,,,,]	[,, 1	[1 10]	
Business o	r Residenc	e Address	(Number	and Stree	t, City, St	ate, Zip C	ode)						
Name of A	ssociated	Broker or	Dealer			<u> </u>		·				·	
States in W													
(Check "A	ll States" o	or check in [AZ]	ndividual S [AR]	States) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	All States
[IL][IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	ניטו	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT] 	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Name	(Last nam	e first, if i	ndividual))									
Business of	r Residenc	e Address	(Number	and Stree	t, City, Sta	ate, Zip Co	ode)						
Name of A	Name of Associated Broker or Dealer												
States in W													
(Check "Al										_			□ All States
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] - [MN]	[HI] [MS]	[ID] [MO]	
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box		
	□ and indicate in the columns below the amounts of the securities offered for exchange and already		
	exchanged	A	A
`	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	-0-	-0-
	Equity	\$6,725,000	\$6,725,000
	□ Common ☑ Preferred		
	Convertible Securities (including warrants)	-0-	-0-
	Partnership Interests	-0-	-0-
	Other (Specify).	-0-	-0-
	Total,	\$6,725,000	\$6,725,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
	•	*	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate		Aggregate Dollar
	the number of persons who have purchased securities and the aggregate dollar amount of their	Number Investors	Amount
	purchases on the total lines. Enter "0" if answer is "none" or "zero."		of Purchases
	Accredited Investors	7	\$6,725,000
	Non-accredited Investors.	-0-	-0-
	Total (for filings under Rule 504 only).		
	Answer also in Appendix, Column 4, if filing under ULOE		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question I.	Type of Security	Dollar Amount Sold
	Type of offering		
	Rule 505		
	Regulation A		
	Rule 504		
	Total		
in ma	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities this offering. Exclude amounts relating solely to organization expenses of the issuer. The information by be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an imate and check the box to the left of the estimate.		
	Transfer Agent's Fees		-0-
	Printing and Engraving Costs		-0-
	Legal Fees	☑	\$50,000
	Accounting Fees	0	-0-
	Engineering Fees		-0-
	Sales Commissions (specify finders' fees separately)		-0-
	Other Expenses (identify): Blue Sky filing fees		\$1,250
	Total	囡	\$51,250

C. OFFERING PRICE, NUMB	ER OF INVESTORS, EXPENSES AND US	E OF PI	ROCEEDS				
b. Enter the difference between the aggregate offering pr total expenses furnished in response to Part C - Question proceeds to the issuer."	4.a. This difference is the "adjusted gross				\$6,673,750		
proceeds to the issuer		*********			\$0,073,730		
5. Indicate below the amount of the adjusted gross proceed of the purposes shown. If the amount for any purpose is not the left of the estimate. The total of the payments listed mus forth in response to Part C - Question 4.b above.	t known, furnish an estimate and check the	box to					
			Payments to Officers, Directors, & Affiliates		Payments To Others		
Salaries and fees							
Purchase of real estate				-			
Purchase, rental or leasing and installation of made	chinery and equipment			-			
Construction or leasing of plant buildings and fac	ilities						
Acquisition of other businesses					······································		
(including the value of securities involved in this the assets or securities of another Issuer pursuant							
Repayment of indebtedness (contingent on suffici	ent funds being raised in offering)						
Working capital				_ \	\$6,673,750		
Other (specify):	Other (specify):						
Column Totals			-0-		\$6,673,750		
Total Payments Listed (column totals added	☑ \$6,673,750						
	D. FEDERAL SIGNATURE	<u></u>					
The issuer has duly caused this notice to be signed by the undersign undertaking by the issuer to furnish to the U.S. Securities and Exchaccredited investor pursuant to paragraph (b)(2) of Rule 502.							
Issuer (Print or Type): Management Dynamics Inc.	er 22, 2002						
(successor-in-interest to ManDyn Acquisition Corp.)	ide of Signar (Paint of The)						
	itle of Signer (Print of Type): thief Executive Officer						

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)